FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instructi				Office use only
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example: If typover the lines	ying, type	12FE4M5	
Forward Togo	ether PAC					
ADDRESS (number and	d street)	201 North Union St	reet 			
(Check if add	droce	Suite 350	11111	<u> </u>	1111	
is changed)	11622	Alexandria		ا لىنا	VA L	22314 2650
COMMITTEE'S E-MA	AIL ADDRES	SS	CITY▲	S	TATE▲	ZIP CODE ▲
KMBInc01@a	ol.com				1111	
	1 1 1 1					
COMMITTEE'S WEE	B PAGE ADI	DRESS (URL)				
		etherpac.com/				1
COMMITTEE'S FAX 7033290080	NUMBER					
2. DATE 0	M / D 2	2 7 Y Y Y Y Y Y Y				
3. FEC IDENTIFIC	ATION NUM	IBER	C C00412791			
4. IS THIS STATE	MENT X	NEW (N) OR	AME	NDED (A)		
I certify that I have exam	nined this Sta	tement and to the best of my kr		true, correct and c	complete	
Type or Print Name o	f Treasurer	Gerald S. McGo	owan			
Signature of Treasure	er El <u>ectro</u>	nically Filed by Gerald S	. McGowan	Da	ate 0 1	D 22 Y 2007
NOTE: Submission of f		us, or incomplete information m				_
Office Use Only			Federal El	er information con ection Commission 00-424-9530 694-1100		FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.) (b) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate President	State District 0
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	(d) This committee is a (National, State (or subordinate) committee of the R (e) This committee is a separate segregated fund (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated from the supports opposes more than one Federal candidate, and is NOT a separate segregated from the support of the suppo	Democratic, epublican,etc.) Party.
6.	Name of Any Connected Organization or Affiliated Committee	
L		
	Mailing Address	
	CITY▲ STATE ▲	ZIP CODE 🛦
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organiza	tion
	Membership Organization Trade Association Cooperative	

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Write or Type Commit	tee Name						
Forward Toge	ther PAC						
	Records: Identify by name, address, (phone number optional), and position of the person in f Committee books and records.						
Full Name	Katherine M. Buchanan Full Name						
Mailing Address		102 Lake Cook Drive					
		Alexandria	V	<u> </u>	22304 _	6451	
Title or Position ▼		CITY A	STA	ΓΕ Α	ZIP CO	DE A	
	Comptroller		Telephone number	202	423	4742	
Full Name of Treasurer Mailing Address	Gerald S. McGo	S. McGowan 1650 Tysons Boulevard					
		Suite 1500 McLean	V		22102 _	4886	
Title or Position ▼		CITY A		STATE A		ZIP CODE ▲	
	reasurer		Telephone number	703	584	8678	
Full Name of Designated Agent	Nicholas Perrins	s					
Mailing Address		1830 S Street, NW					
		Washington		<u> </u>	20009 _		
Title as Death and				STATE ▲		6123	
Title or Position ♥		CITY A	STAT	ΓE ▲	ZIP COI		

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9.	Banks or Other De safety deposit boxes	epositories: List all banks or other depositories in which the committee deposits funds, holds accounts or maintains funds.	s, rents
	Name of Bank, Dep	ository, etc.	
		Bank of America	
	Mailing Address	1369 Chain Bridge Road	
		McLean VA 2210	1 _ 3905

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷